

Fairfax County Park Authority Permit Application

Park Requested (submit one application per park): _____

Date(s) Requested: _____

Time In: _____ Time Out: _____

Specific Area(s) Requested: _____

Group Name: _____

Group Representative: _____

Group Address: _____
Street City State Zip

Telephone: (home) _____ (work) _____ (fax) _____

Email Address: _____

Number of Participants/Spectators: _____

Event Name: _____

Detailed Description of Event: (attach additional pages if necessary) _____

How will the event be advertised? _____

Special Provisions and Additional Requests: _____

Yes No Will you be using a feature such as a tent, moon bounce, carnival rides, pony rides, etc.? If yes, list the service providers you plan to use:

Yes No Does your group plan on using an amplified sound system? If so, describe the sound system, and it's proposed use:

Yes No Will anyone at your event be collecting money (to include donations); or will anyone be making sales or charging fees while on FCPA property? If so, a fee of \$50 or 15% of the gross revenue will be due to the Park Authority, whichever amount is greater. **A Business Activity deposit of \$50 is due at the time of application instead of the \$25 application fee.**
List the type of revenue generating activities you want to have at your event:

Yes No Will you be conducting classes, camps or other activities where you will be charging a fee to participate? If so, a fee of \$50 or 15% of the gross revenue will be due to the Park Authority, whichever amount is greater. **A Business Activity deposit of \$50 is due at the time of application instead of the \$25 application fee.**
List the Fee(s) charged per participant:

The user hereby agrees to indemnify and hold harmless Fairfax County, the Fairfax County Park Authority, their officers, agents, all employees, and volunteers from any and all claims for bodily injury, and personal injury, and/or property damage, including cost of investigation, all expenses of litigation, including reasonable attorney fees, and the cost of appeals arising out of any claims or suits which result from errors, omissions, or negligent acts of the user, his agents or employees.

Group is responsible for abiding by all FCPA policies, rules and regulations.

Group Representative Signature: _____ Date: _____

Fee:

1. Application Fee: \$25 must be paid at the time the application is submitted. (Not applicable for Business Activities)
2. Business Activities Deposit Fee: \$50 must be paid at the time the application is submitted (the \$25 Application fee is not required for Business Activities).

Payment Method: Check # _____ (attach) Visa or Master Card

Card Number: _____ Expiration Date: _____

Mail completed form to: FCPA – Park Services Division, Central Services Coordinator
12055 Government Center Parkway, Suite 927, Fairfax, VA 22035

Or fax to: (703) 631-2004